

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-017804

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4868** STATE FILE NUMBER

FILED MAY 9 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 hours		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4849 Hamburg		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) JOHN J KANTOUTH			4. DATE OF DEATH Month May Day 3 Year 1963								
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/2/1875		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Lithuania Europe		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Kantouth				13b. MOTHER'S MAIDEN NAME Barbara				14. NAME OF HUSBAND OR WIFE Agota			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. [redacted]				17. INFORMANT Address Isabella Buban 4849 Hamburg			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) Arteriosclerosis Heart disease DUE TO (c) 4200F PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ph fell from at home - may have had a fx L hip - coroner made find										INTERVAL BETWEEN ONSET AND DEATH 12 hours 5 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY 4 p.m.										20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ph fell from at home - may have had a fx L hip - coroner made find	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 02 home	
20f. CITY, TOWN, OR LOCATION St. Louis, Mo.										COUNTY STATE	
21. I attended the deceased from 5-2-58 to 5-3-63 and last saw him alive on 5-3-63 Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE H. W. Jorman										22b. ADDRESS MO 9505 Gravis, Afton Mo	
22c. DATE SIGNED 5-3-63											
23a. BURIAL, CREMATION, REMOVAL (Specify) removal										23b. DATE 5/6/1963	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery										23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois										25. DATE RECD. BY LOCAL REG. MAY 6 1963	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.											

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald B. Benge

Licensed Embalmer No. 4863

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.